

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/019370

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2		1		
4	1					
5		1				
6		1				
7		1				
8		4		1		
9		(1)		1		
10		(1)		1		
11		(1)		1		
12		(1)		1		
13		(3)		1		
14		(3)		1		
15		(1)		1		
16		(3)		1		
17		(1)		1		
18		(3)		1		
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50						
TOTAL IND.	1					
TOTAL DEP.		20				
TOTAL CLAIMS		21				

	* IND.		* DEP.		* IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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